

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">10/121736</div>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
50							100					
Total Indep	1						Total Indep					
Total Depend	5						Total Depend					
Total Claims	6						Total Claims					

Filing Date

Applicant(s)

* May be used for additional claims or amendments